



# State of Utah

## Department of Human Resource Management

### OVERTIME COMPENSATION ELECTION/AGREEMENT

Employee's Full Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Agency/Dept: \_\_\_\_\_

Division: \_\_\_\_\_

I understand that, as an employee subject to the Fair Labor Standards Act (FLSA), I may elect to receive overtime pay at one and one-half times my regular rate of pay or compensatory time off at a rate of one and one-half hours for each hour worked in excess of 40 hours in a workweek, excluding all leave and holiday time. I understand that the employing agency reserves the right to make payment even though I may elect to receive compensatory time off for the overtime hours worked.

In view of the foregoing,

- ☐ I elect to accept only compensatory leave at a rate of one and one-half hours for each hour worked in excess of 40 hours actually worked in a workweek. I understand this election is subject to DHRM Rules and has the following conditions:
1. Use of accrued compensatory time requires prior approval of my supervisor, who may deny my request if my absence is disruptive to agency operation;
  2. All compensatory leave hours accrued in excess of 80 will be paid down to 80 hours on the payday for the period in which it was earned;
  3. I will assist my agency in using those compensatory hours as soon as possible. (My agency may request that I use my accrued compensatory time as soon as possible.) My refusal to cooperate with management in reducing accrued compensatory time as soon as possible constitutes grounds to cancel this agreement. In such a case, my existing compensatory time will be paid down to zero in the next pay period. Subsequent overtime will be paid consistent with the monetary payment provisions as stipulated in article B of this agreement;
  4. Upon accrual of 80 hours compensatory leave, or at any other time, management may restrict my accrual of additional compensatory time;
  5. I understand that when I transfer from one agency of State service to another, my compensatory time will be paid down to a balance of zero by the agency I am leaving at the hourly rate earned in my last position with that agency;
  6. I understand that when my status changes from FLSA non-exempt to FLSA exempt, my compensatory time will be paid down to a balance of zero at the hourly rate prior to the status change.
- ☐ I elect to accept only monetary payment at a rate of one and one-half times my regular rate of pay for each hour worked in excess of 40 hours actually worked in a workweek. I realize that this election may affect my eligibility to work overtime if and when the agency does not have funds available to pay cash for overtime.

THIS AGREEMENT shall remain in effect until I cancel it and a new election is made. I understand that such a cancellation and new election will not be effective until the first pay period in January of the next calendar year.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

CC: Employer, Supervisor, Human Resource Office and Personnel File